

State Form 53276 (R / 9-09)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

A1107 108261

11/114

INSTRUCTIONS:

- 1. Print or type all requested information.
- 2. Include unit or room number and name of property in street address if applicable.
- 3. If the lab was found in other than a dwelling, describe in "Other" under Property Type.
- 3. Describe the specific sampling and analytical procedures used (e.g. ASTM D 6661-01).
- 4. Show the level observed for the highest sample in micrograms per 100 square centimeters (μg/100cm²).
- 5. Sign and date the form. When signed, provide the original to the property owner.
- Mail a copy of the completed form to IDEM Office of Legal Counsel, 100 N. Senate Ave., MC 65-45, Indianapolis, IN 46204-2251
 or fax a copy to (317) 233-5517, ATTN: Drug Lab Cleanup Program. If you have questions about this form contact (317) 233-1655.
- 7. Provide copies of the completed form to the local health department and the ISDH Office of Primary Care, 2 N. Meridian St. 2J, Indianapolis, IN 46204.

Property descript	ion					
Street address 2842 Plaza Land	2					
City Lafayette 4/109		1909	County Tippecanoe			
Property type	X Single family dwelling O Recreational vehicle					
Case number from Laboratory Occur	m Indiana State Police Methar rrence Report	mphetamine	14F40169			
Cleanup method(s) used	wickare in the real				
 The decontamination proceeded as follows (no carpet or debris onsite) HEPA-vacuumed the entire unit: walls, floors and ceilings. Thoroughly HEPA-vaced all air vents, cleaned with an industrial detergent and then cleaned vent covers. Opened furnace panels and HEPA-vaced the furnace including the fans and cold air returns. Hand washed as much of the interior of the furnace and vents as was reachable. Hand cleaned the refrigerator inside and out; removed stove (disposed). Floors, ceiling and all walls and surfaces in the interior were then cleaned with an environmentally friendly detergent and mechanical extraction. 						
Identify contamination discovered outside the structure, and describe how it was removed						
N/A						
Identify disposal si	Identify disposal site(s) for decontamination waste or waste removed from the property					
Mindlin Disposal 1780 Ryan Road Springboro, OH						
Continue on reverse						

Environmental		- Committee of the Comm				
Address PO Box 1557						
City Auburn	State WA	Zip Code 98071				
Contact person	Telephone 253 007 44	cro.				
had Morse 253-887-1550						
Final confirmation testing						
Date and time of sampling		The state of the s				
August 25, 2010 / 5:45 pm						
Sampling method used						
In general, the wipe samples were collected by the qualified technician wearing clean disposable						
gloves within new 100 square centimeter area templates that are typically labeled and taped to the						
surface prior to sampling. The sample media was wetted with laboratory grade methanol and then						
folded into four sections. The sample area was wiped with the gauze (first from left to right on one						
side of the filter paper, and secondly from top to bottom on the other side of the gauze; repeatedly).						
The sampling media was then placed in a clean laboratory grade jar with Teflon lined cap, sealed,						
labeled individually, and stored until shipment to the certified laboratory for analysis. The samples						
were collected individually with the sample media prepared and stored outdoors between samples.						
Substance analyzed for Methamphetamine						
Analytical method used						
A modified EPA Method 8270C was utilized by the laboratory for analysis of the sample media.						
Sample control numbers						
2842-6 through 2842-13						
Highest level observed (μg/100cm²)						
2.27 pre sample; 0.21 post sample						
Location of highest level sample HVAC						
Location of laboratory records						
Meth Lab Cleanup LLC corporate office / Athol, ID						
Certification						
OCITINO CONTROL OF THE PROPERTY OF THE PROPERT						
I am listed by the Indiana Department of Environmental Management to inspect and clean properties contaminated with chemicals used in the illegal manufacture of controlled substances under 318 IAC 1, and my listing was effective on the date of this certification. I certify that I have decontaminated or						
supervised decontamination of the property described above. Following decontamination, I inspected the property described above for all controlled						
substances identified in the law enforcement laboratory occurrence report and my initial assessment of the property. I sampled, or supervised sampling of, every room or area as required by 318 IAC 1-5. I certify that the property described above met all applicable decontamination levels listed in 318 IAC 1 at the						
time of sampling. I certify, under penalty of perjury as provided in IC 35-44-2-1	, that to the best of my knowle	edge this information is true and accurate.				
Signature of Qualified Inspettor	Date	of Certification 3/17/2010				
Marial Mariallo	Annual Control of the	0 2 /2				
Char. It hours		9-2-10				
Qualified inspector information						
Name, address, telephone, and e-mail address						
Bob Norvell						
121 Waterstone Drive						
Franklin, OH 45005 Norvell.bob@gmail.com						
937-269-9641						